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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a

reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy,

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09/ 502,534 and was amended on _____ (If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

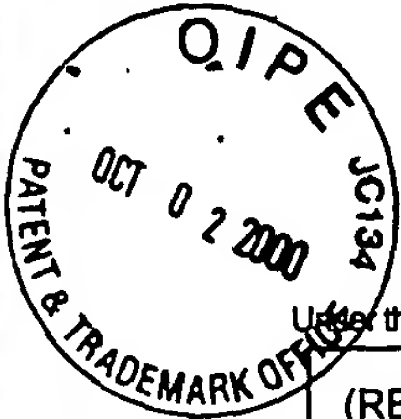
☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

Signed by Brodie (#2)

[Page 1 of 2]



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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
4765

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

Laura A. Majerus 33,417

Trinidad Arriola Kern 44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence **1507 Montalban Drive**
San Jose, CA 95120-4830

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature

Alan D. Brodie

Date

9/7/00

Residence **998 Van Auken Circle**
Palo Alto, CA 94303

Citizenship

USA

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature

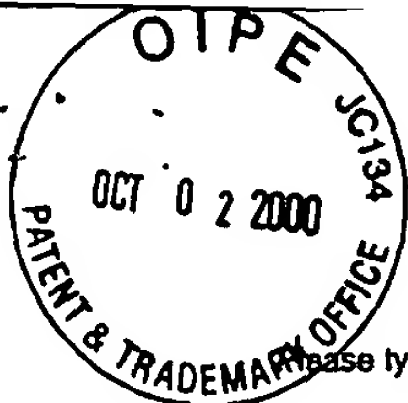
Date

Residence **1561 Blaney Avenue**
San Jose, CA 95129

Citizenship

Post Office Address

☒ Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box → ☐

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PTO/SB/02A (3-97)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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Given Name (first and middle [if any])				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
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Given Name (first and middle [if any])				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

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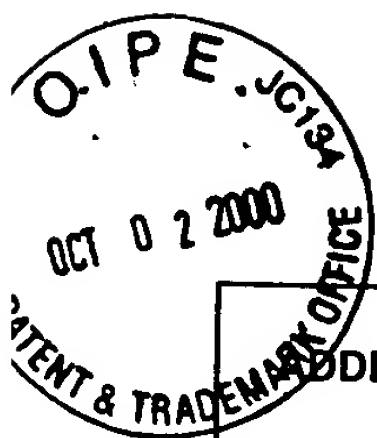
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
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ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case D cket No. 4765US



REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

4765

As a below named inventor, I hereby declare that:

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Electron Beam Microscopy

the specification of which

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☒ was filed on February 10, 2000 as reissue application number 09/ 502,534 and was amended on _____ (If applicable)

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☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

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Signed by Chen (#3)

[Page 1 of 2]



(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

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Name(s) Registration Number

Laura A. Majerus 33,417

Trinidad Arriola Kern 44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar
Code Label here

☒ Firm or
Individual Name

Fenwick & West LLP

Address

Two Palo Alto Square

Address

City

Palo Alto

State

CA

ZIP

94306

Country

U.S.A.

Telephone

(650) 494-0600

Fax

(650) 494-1417

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence **1507 Montalban Drive**
San Jose, CA 95120-4830

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature

Date

Residence **998 Van Auken Circle**
Palo Alto, CA 94303

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature

Date

Residence **1561 Blaney Avenue**
San Jose, CA 95129

Citizenship

Post Office Address

☒ Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box → ☐

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature				Date			
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
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Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

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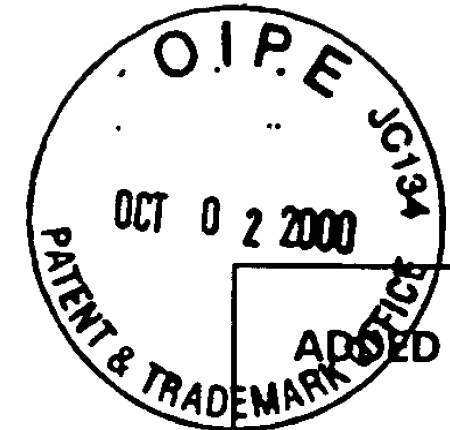
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Given Name (first and middle [if any])				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
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OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

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Cas Docket No. 4765US



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I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

Signed by ~~_____~~ Jan (#4)

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 4765							
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name(s)</td> <td style="width: 60%; border-bottom: 1px solid black;">Registration Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Laura A. Majerus</td> <td style="border-bottom: 1px solid black;">33,417</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Trinidad Arriola Kern</td> <td style="border-bottom: 1px solid black;">44,012</td> </tr> </table>				Name(s)	Registration Number	Laura A. Majerus	33,417	Trinidad Arriola Kern	44,012
Name(s)	Registration Number								
Laura A. Majerus	33,417								
Trinidad Arriola Kern	44,012								
Correspondence Address: Direct all communications about the application to: <input type="checkbox"/> Customer Number OR Type Customer Number here		Place Customer Number Bar Code Label here							
<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP								
Address	Two Palo Alto Square								
Address									
City	Palo Alto	State	CA						
Country	U.S.A.								
Telephone	(650) 494-0600	Fax	(650) 494-1417						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.									
Full name of sole or first inventor (given name, family name) Dan Meisburger									
Inventor's signature									
Residence 1507 Montalban Drive San Jose, CA 95120-4830		Date							
Post Office Address		Citizenship							
Full name of second joint inventor (given name, family name) Alan D. Brodie									
Inventor's signature		Date							
Residence 998 Van Auken Circle Palo Alto, CA 94303		Citizenship							
Post Office Address									
Full name of third joint inventor (given name, family name) Zhong-Wei Chen									
Inventor's signature		Date							
Residence 1561 Blaney Avenue San Jose, CA 95129		Citizenship							
Post Office Address									
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.									



Please type a plus sign (+) inside this box → ☐

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature	Jack Jau			Date	9/5/2000		
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	US
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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Please type a plus sign (+) inside this box → ☐

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address		19584 Via Monte Drive					
Post Office Address							
City		State		ZIP		Country	

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Please type a plus sign (+) inside this box → ☐



DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>4</u>
--------------------	---

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature					Date		
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		21763 Ragnart Court					
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Cas D cket No. 4765US



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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy,

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,534 and was amended on _____ (If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

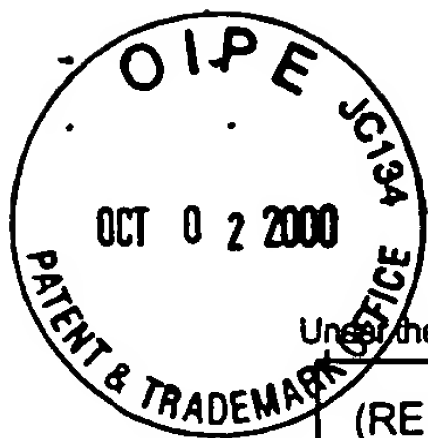
☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

Signed by Sandland (#5)



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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
4765

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

Laura A. Majerus 33,417

Trinidad Arriola Kern 44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar
Code Label here

☒ Firm or
Individual Name

Fenwick & West LLP

Address

Two Palo Alto Square

Address

City

Palo Alto

State

CA

ZIP

94306

Country

U.S.A.

Telephone

(650) 494-0600

Fax

(650) 494-1417

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence **1507 Montalban Drive**
San Jose, CA 95120-4830

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature

Date

Residence **998 Van Auken Circle**
Palo Alto, CA 94303

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature

Date

Residence **1561 Blaney Avenue**
San Jose, CA 95129

Citizenship

Post Office Address

☒ Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box → ☐

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	15 SEP 2000
Residence: City	SPRINGFIELD	State	OR	Country	USA	Citizenship	USA
Post Office Address	85510 McCUMBER ROAD						
Post Office Address							
City		State		ZIP	97478	Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 2 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Hans				Dohse			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

+

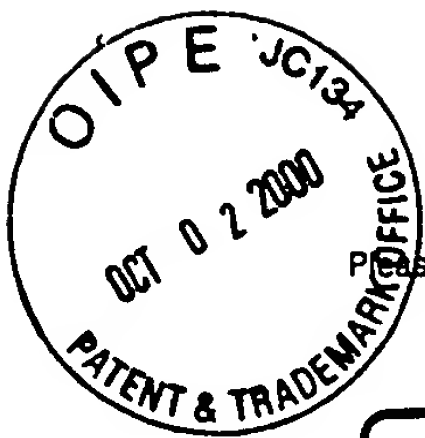
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

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+



Please type a plus sign (+) inside this box → ☐

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

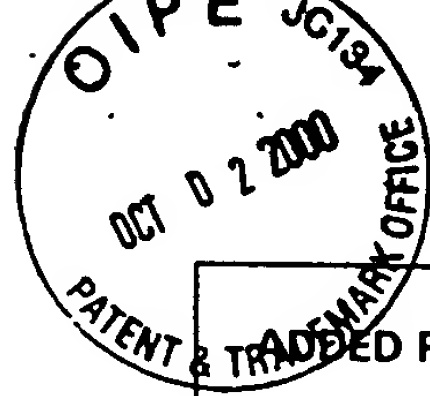


DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>4</u>
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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ADD PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4765US



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REISSUE APPLICATION DECLARATION BY THE INVENTOR	Docket Number (Optional) 4765
<p>As a below named inventor, I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number <u>5,717,204</u>, granted <u>February 10, 1998</u>, and for which a reissue patent is sought on the invention entitled <u>Inspecting Optical Masks With</u> <u>Electron Beam Microscopy</u> the specification of which <input type="checkbox"/> is attached hereto. <input checked="" type="checkbox"/> was filed on <u>February 10, 2000</u> as reissue application number <u>09 / 502,534</u> and was amended on _____ (If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input checked="" type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described as follows:</p> <p>My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.</p> <p style="text-align: right;"><i>Signed by Simmons (#6)</i></p>	

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 4765							
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name(s)</td> <td style="width: 60%; border-bottom: 1px solid black;">Registration Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Laura A. Majerus</td> <td style="border-bottom: 1px solid black;">33,417</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Trinidad Arriola Kern</td> <td style="border-bottom: 1px solid black;">44,012</td> </tr> </table>				Name(s)	Registration Number	Laura A. Majerus	33,417	Trinidad Arriola Kern	44,012
Name(s)	Registration Number								
Laura A. Majerus	33,417								
Trinidad Arriola Kern	44,012								
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Customer Number OR Type Customer Number here </div> <div style="width: 35%; border: 1px solid black; padding: 5px; text-align: center;"> Place Customer Number Bar Code Label here </div> </div>									
<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP								
Address	Two Palo Alto Square								
Address									
City	Palo Alto	State	CA						
Country	U.S.A.								
Telephone	(650) 494-0600	Fax	(650) 494-1417						
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>									
Full name of sole or first inventor (given name, family name) Dan Meisburger									
Inventor's signature									
Residence 1507 Montalban Drive San Jose, CA 95120-4830		Date							
Post Office Address		Citizenship							
Full name of second joint inventor (given name, family name) Alan D. Brodie									
Inventor's signature		Date							
Residence 998 Van Auken Circle Palo Alto, CA 94303		Citizenship							
Post Office Address									
Full name of third joint inventor (given name, family name) Zhong-Wei Chen									
Inventor's signature		Date							
Residence 1561 Blaney Avenue San Jose, CA 95129		Citizenship							
Post Office Address									
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.									



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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Simmons			
Inventor's Signature	Richard Simmons					Date	9-19-00
Residence: City	Los Altos	State	CA	Country	USA	Citizenship	US
Post Office Address	44 Alvarado Avenue						
Post Office Address							
City	Los Altos	State	CA	ZIP	94022	Country	USA

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

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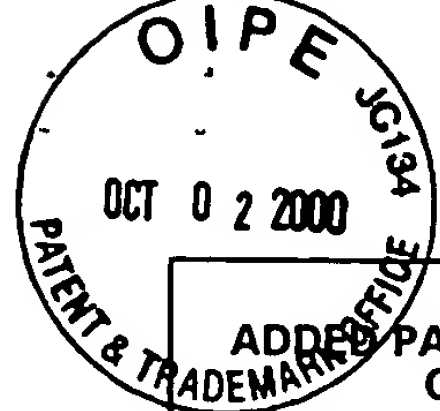


DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>4</u>
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature				Date			
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4765US



REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With

Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,534 and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

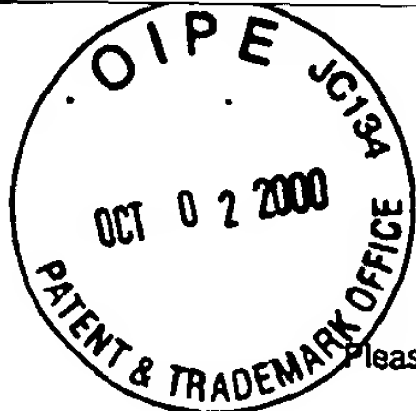
At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

Signed by Smith; Dohse; Emge;
Greene; Ling; and Lele
(#7, 8, 9, 10, 12 and 13)

[Page 1 of 2]

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 4765							
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name(s)</td> <td style="width: 60%; border-bottom: 1px solid black;">Registration Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Laura A. Majerus</td> <td style="border-bottom: 1px solid black;">33,417</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Trinidad Arriola Kern</td> <td style="border-bottom: 1px solid black;">44,012</td> </tr> </table>				Name(s)	Registration Number	Laura A. Majerus	33,417	Trinidad Arriola Kern	44,012
Name(s)	Registration Number								
Laura A. Majerus	33,417								
Trinidad Arriola Kern	44,012								
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Customer Number </div> <p>OR Type Customer Number here</p>			<p>Place Customer Number Bar Code Label here</p>						
<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP								
Address	Two Palo Alto Square								
Address									
City	Palo Alto	State	CA						
Country	U.S.A.								
Telephone	(650) 494-0600	Fax	(650) 494-1417						
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>									
Full name of sole or first inventor (given name, family name) Dan Meisburger									
Inventor's signature									
Residence 1507 Montalban Drive San Jose, CA 95120-4830		Date							
Post Office Address		Citizenship							
Full name of second joint inventor (given name, family name) Alan D. Brodie									
Inventor's signature		Date							
Residence 998 Van Auken Circle Palo Alto, CA 94303		Citizenship							
Post Office Address									
Full name of third joint inventor (given name, family name) Zhong-Wei Chen									
Inventor's signature		Date							
Residence 1561 Blaney Avenue San Jose, CA 95129		Citizenship							
Post Office Address									
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.									



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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Simmons			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature	David E. A. Smith			Date		9/6/00	
Residence: City	San Mateo	State	CA	Country	USA	Citizenship	USA
Post Office Address	4022 Kingridge Drive						
Post Office Address							
City	San Mateo	State	CA	ZIP	94403	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Hans				Dohse			
Inventor's Signature	Hans Dohse			Date		9/6/00	
Residence: City	Sunnyvale	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	1073 Sargent Dr						
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature	Dennis G. Emge			Date		9/11/00	
Residence: City	Naperville	State	IL	Country	USA	Citizenship	Y
Post Office Address	1853 Paddington Ave						
Post Office Address							
City	Naperville	State	IL	ZIP	60563	Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

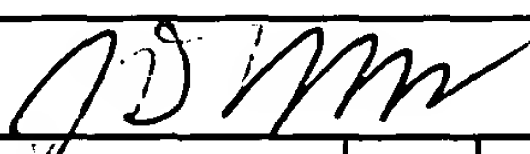

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Greene			
Inventor's Signature				Date		Sep 1 00	
Residence: City	SAN JOSE	State	CA	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature				Date		9/5/00	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address							
19584 Via Monte Drive							
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

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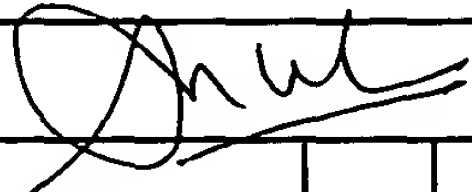
Please type a plus sign (+) inside this box → ☐

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature				Date	8/31/2000		
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Regart Court Regart						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed

in patent number 5,717,204, granted February 10, 1998, and for which a

reissue patent is sought on the invention entitled Inspecting Optical Masks With

Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,534
and was amended on _____

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

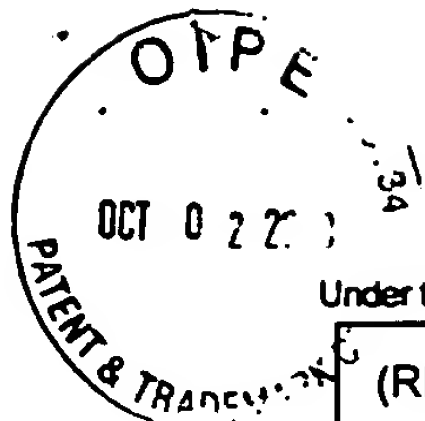
☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

Signed by ^{Rough} ~~K. Wood~~ (#14)

[Page 1 of 2]



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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
4765

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)	Registration Number
---------	---------------------

Laura A. Majerus	33,417
-------------------------	---------------

Trinidad Arriola Kern	44,012
------------------------------	---------------

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence **1507 Montalban Drive**
San Jose, CA 95120-4830

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature

Date

Residence **998 Van Auken Circle**
Palo Alto, CA 94303

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature

Date

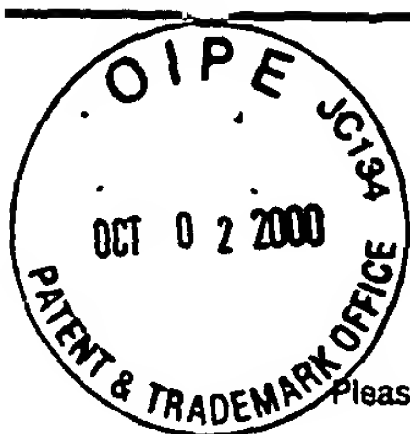
Residence **1561 Blaney Avenue**
San Jose, CA 95129

Citizenship

Post Office Address



Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box → ☐

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+

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature				Date			
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Sandland			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Simmons			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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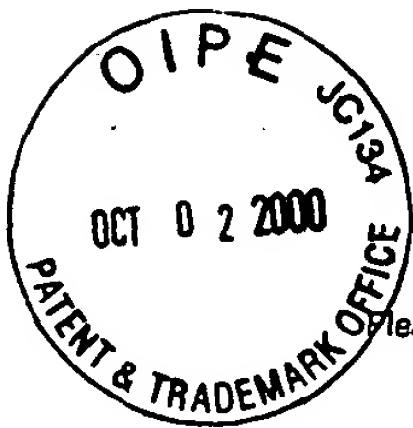


DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>4</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





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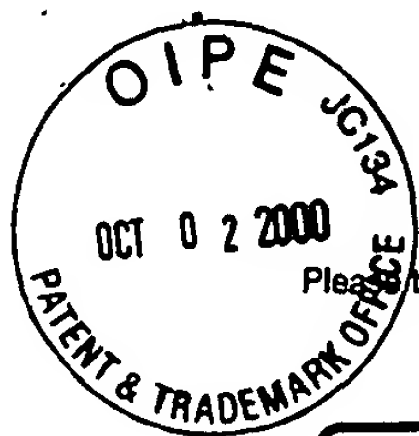
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Greene			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address		Saratoga		CA		U.S.A.	
Post Office Address		19584 Via Monte Drive					
Post Office Address							
City		Saratoga		CA		95070	
City		State		ZIP		Country	
City		Saratoga		CA		U.S.A.	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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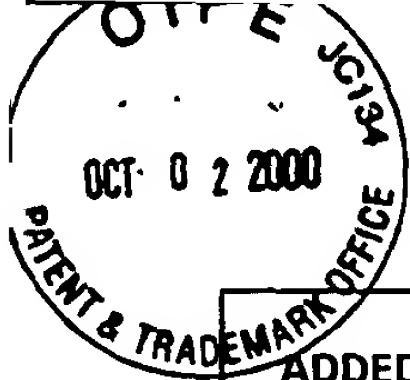
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature				Date			
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature				Date		9/8/00	
Residence: City	SAN JOSE	State	CA	Country	USA	Citizenship	USA
Post Office Address	264 SOUTH 14TH STREET						
Post Office Address							
City	SAN JOSE	State	CA	ZIP	95112	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

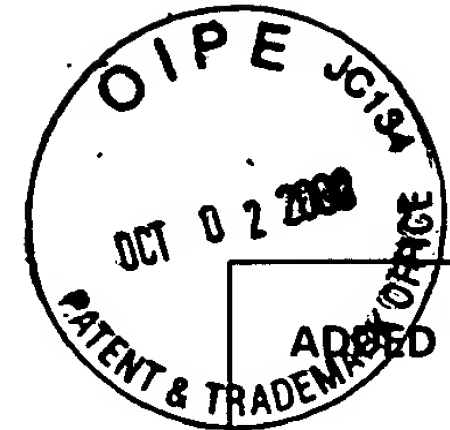
It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4765US



**ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

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Case D cket No. 4765US



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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With

Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,534
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

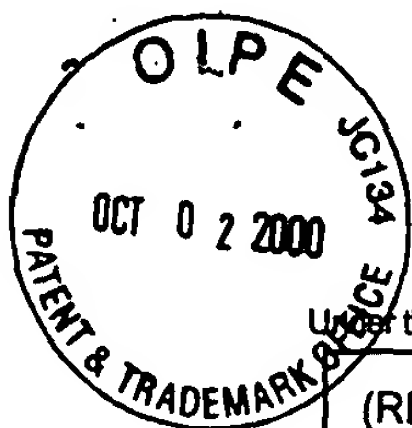
☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.

Signed by Veneklasen (#11)

[Page 1 of 2]



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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
4765

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

Laura A. Majerus 33,417

Trinidad Arriola Kern 44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP				
Address	Two Palo Alto Square				
Address					
City	Palo Alto	State	CA	ZIP	94306
Country	U.S.A.				
Telephone	(650) 494-0600	Fax	(650) 494-1417		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)
Dan Meisburger

Inventor's signature

Residence **1507 Montalban Drive**
San Jose, CA 95120-4830

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)
Alan D. Brodie

Inventor's signature

Date

Residence **998 Van Auken Circle**
Palo Alto, CA 94303

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)
Zhong-Wei Chen

Inventor's signature

Date

Residence **1561 Blaney Avenue**
San Jose, CA 95129

Citizenship

Post Office Address

☒ Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box → ☐

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature				Date			
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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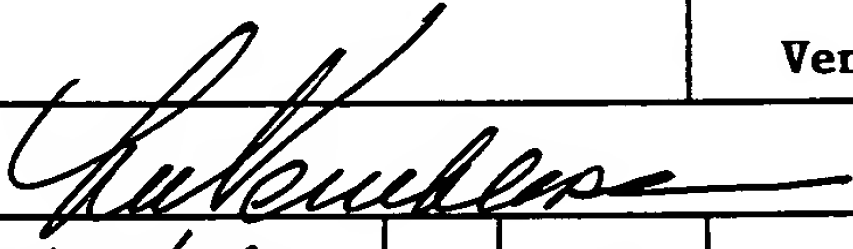
Please type a plus sign (+) inside this box → ☐

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	8/30/00
Residence: City	Castro Valley	State	CA	Country	USA	Citizenship	USA
Post Office Address	3445 Badding Rd.						
Post Office Address	Castro Valley, CA 94546						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

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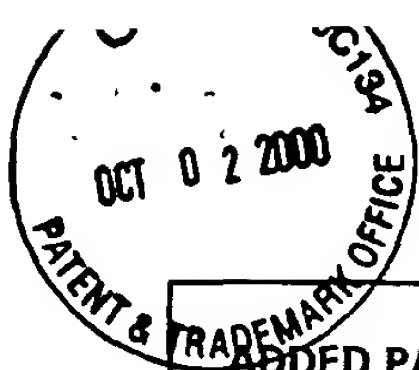
PTO/SB/02A (3-97)
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO
37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Cas Docket No. 4765US